

Lian-Sheng Ma
Company Editor-in-Chief
Editorial Office
Baishideng Publishing Group Inc

Dear Dr. Lian-Sheng Ma

Thank you very much for your letter dated August 8, 2020, and for the careful review of our manuscript, which we have amended following the reviewers' suggestions. A copy of the revised manuscript has been uploaded to the submission system. Also, please find below an itemized point-by-point response to the reviewers' comments.

We look forward to hearing the status of this manuscript, which we hope is now acceptable for publication in World Journal of Hepatology. Please feel free to contact me if you require any additional information.

Sincerely,

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Science Editor

- The paper entitled “Phase angle and non-alcoholic fatty liver disease before and after bariatric surgery” reports about a series of 379 patients with bariatric surgery. Although this paper is somewhat interesting, some points described below should be clearly answered.

1. Please explain why you hypothesized that there is a correlation between improvement in NAFLD and phase angle in this study. The authors also need to explain this hypothesis in Introduction section.

Response: PA reflects cellular integrity and functionality by measuring, through an electrical current, the values of resistance and reactance of the membrane of these cells, with skeletal muscle being a conductor of electrical current and the opposite occurs with fat mass. In view of this fact, we believe that the body change resulting from bariatric surgery will reflect an improvement in NAFLD and can be measured by PA.

2. The authors should be clarified the definitions of discreet, moderate, accented, and massive in the degree of hepatic steatosis, ballooning, and lobular inflammation, as well as the diagnosis of grade in NASH and liver fibrosis in the Methods section. What is the difference between NASH and liver fibrosis? This is confusing.

Response: The classification was made using the criteria of Kleiner *et al* as follows: absence or presence of NAFLD and/or cirrhosis; steatosis activity (absent, discreet, moderate, accented and massive – according to grade and location of the injury); ballooning and lobular inflammation; degrees of Non-Alcoholic Steatohepatitis[†] (NASH) (1, 2, 3 and 4) and fibrosis stages (1, 2, 3 and 4). NAFLD’s classification encompasses a wide spectrum of histopathological changes, from simple hepatic steatosis to non-alcoholic steatohepatitis (NASH) characterized by the presence of inflammation with liver damage, with or without fibrosis.

3. What is the definition of remission of liver disease in Results section?

Response: We changed the term for “reduction in the degrees and stages of liver disease” and “had no degree of liver disease”, to make it more clear.

- 1 Scientific quality: The manuscript describes a retrospective cohort study of the PA and NAFLD in bariatric patients. The topic is within the scope of the WJG.

(1) Classification: Grade C;

(2) Summary of the Peer-Review Report: The study reports about a series of 379 patients with bariatric surgery. Although this paper is somewhat interesting, some points described below should be clearly answered. Please explain why you hypothesized that there is a correlation between improvement in NAFLD and phase angle in this study.

Response: As already mentioned, PA reflects cellular integrity and functionality by measuring, through an electrical current, the values of resistance and reactance of the membrane of these cells, with skeletal muscle being a conductor of electrical current and the opposite occurs with fat mass. In view of this fact, we believe that the body change resulting from bariatric surgery will reflect an improvement in NAFLD and can be measured by PA.

The authors should be clarified the definitions of discreet, moderate, accented, and massive in the degree of hepatic steatosis, ballooning, and lobular inflammation, as well as the diagnosis of grade in NASH and liver fibrosis in the “Methods” section.

Response: As already mentioned, the classification was made using the criteria of Kleiner *et al.* as follows: absence or presence of NAFLD and/or cirrhosis; steatosis activity (absent, discreet, moderate, accented and massive – according to grade and location of the injury); ballooning and lobular inflammation; degrees of Non-Alcoholic Steatohepatitis[†] (NASH) (1, 2, 3 and 4) and fibrosis stages (1, 2, 3 and 4). NAFLD's classification encompasses a wide spectrum of histopathological changes, from simple hepatic steatosis to non-alcoholic steatohepatitis (NASH) characterized by the presence of inflammation with liver damage, with or without fibrosis.

The questions raised by the reviewers should be answered; and

(3) Format: There are 8 tables and 3 figures. A total of 50 references are cited, including 9 references published in the last 3 years. There are 4 self-citations. 2 Language evaluation: Classification: Grade B. 3 Academic norms and rules: The authors provided the Biostatistics Review Certificate, the signed Conflict-of-Interest Disclosure Form and Copyright License Agreement, the Institutional Review Board

Approval Form, informed consent, and the STROBE checklist form. No academic misconduct was found in the CrossCheck detection and Bing search. 4 Supplementary comments: This is an invited manuscript. The study is without financial support. The topic has not previously been published in the WJG. The corresponding author has not published articles in the BPG. 5 Issues raised:

(1) I found the authors did not provide the original figures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor;

Response: It will be sent through the platform.

(2) I found the authors did not write the “article highlight” section. Please write the “article highlights” section at the end of the main text;

Response: It will be sent through the platform, inside the article.

(3) the author should number the references in Arabic numerals according to the citation order in the text. The reference numbers will be superscripted in square brackets at the end of the sentence with the citation content or after the cited author’s name, with no spaces.

Response: It was revised.

6 Re-Review: Required. 7 Recommendation: Conditionally accepted.

Editorial Office Director: *I have checked the comments written by the science editor.*

Company Editor-in-Chief: *I recommend the manuscript to be published in the World Journal of Hepatology.*